

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/ 575618

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	6					
10	8					
11	8					
12	9					
13	10					
14	10					
15	10					
16	10					
17	10					
18	10					
19	10					
20	10					
21	10					
22	10					
23	10					
24	10					
25	10					
26	10					
27	10					
28	10					
29	10					
30	10					
31	10					
32	1					
33						
34						
35						
36	1					
37		1				
38	2					
39	2					
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49						
50						
TOTAL IND.	6		↓		↓	↓
TOTAL DEP.	39	←		←	←	
TOTAL CLAIMS	45					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						